Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004016	A. BUILDING _____ B. WING _____	R 08/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONROE HOUSE	2770 S ADAMS RD BLOOMINGTON, IN 47403

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the PSR completed on 7/11/11, to the PSR completed on 5/9/11, to the State Residential Licensure Survey completed on 2/21/11. Survey date: 8/29/11 Facility number: 004016 Provider number: 004016 AIM number: N/A Survey team: Marla Potts, RN, TC Melinda Lewis, RN Census bed type: Residential: 37 Total: 37 Census payor type: Other: 37 Total: 37 Sample: 3 Monroe House was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the PSR to the PSR to the State Residential Licensure Survey. Quality review completed 8/29/11 by Jennie Bartelt, RN.	{R 000}		